



**BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
 MEETING AGENDA**

Thursday, January 24, 2018, 9:30 a.m.
 GC-430

Chair: Réquel Lopes **Vice Chair:** Claudette Grant

Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

- 1. CALL TO ORDER** (10 minutes)
- 2. WELCOME AND PUBLIC RECORD REQUIREMENTS**
 - a. Welcome and Introductions
 - b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
 - c. Council Member and Guest Introductions
 - d. Moment of Silence
 - e. Excused Absences and Appointment of Alternates
 - f. Approval of 1/24/19 Meeting Agenda
 - g. Approval of 11/29/18 Meeting Minutes
- 3. PHONE INTRODUCTIONS**
- 4. PUBLIC COMMENT** (Up to 10 minutes)
- 5. WRITTEN FEDERAL LEGISLATIVE REPORT HANDOUT** (Kareem Murphy) (Handout A)
- 6. CONSENT ITEMS**

#	Motion	Justification	Proposed By
1	To approve Quality Management Committee Policies & Procedures update.	This change reflects an update of HRSA regarding Service Delivery models.	QMC

7. DISCUSSION ITEMS

#	SERVICE CATEGORY	Recommended TO	Recommended FROM	PROPOSED BY
1	Ambulatory Health Services (5)	\$321,989	-	Priority Setting & Resource Allocation Committee
2	MAI Ambulatory (1)	-	-	
3	Pharmaceuticals (3)	-	-	
4	Oral Health Care-Routine (5)	-	-	
5	Oral Health Care- Specialty (1)	-	-	
6	Case Management (7)	-	-	
7	Medical Case (Disease) Management (5)	-	\$25,989	
8	MAI Medical Case (Disease) Management (1)	-	-	
9	Mental Health (4)	-	\$36,000	
10	MAI Mental Health (1)	-	-	
11	Substance Abuse (1)	-	-	
12	MAI Substance Abuse (1)	-	-	
13	Food Bank (1)	-	-	
14	Food Voucher (1)	-	-	
15	Centralized Intake and Eligibility Determination (1)	-	-	
16	MAI CIED (1)	-	-	
17	HICP (1)	-	\$250,000	
18	Legal Assistance (1)	-	-	
19	EFA (1)	-	-	
20	BISS (1)	-	\$10,000	
	Total Part A Funds	\$321,989	\$321,989	
	Total MAI Funds	-	-	
	Total Funds	\$321,989	\$321,989	

8. NEW BUSINESS

- a. Planning CHATT Webinar – Discuss insights from Planning CHATT webinar, “Recruitment and Retention of New Members” and future recruitment goals (Handouts B1 & B2).

9. DECEMBER/JANUARY COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

January 8, 2019- Membership Drive *Chair: Vacant Chair: P. Fleurinord*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

January 10, 2019-Membership Drive *Chair: V. Foster, V. Chair: Vacant*

C. INTEGRATED WORKGROUP

No January Meeting *Chair: T. Pietrogallo, V. Chair: T. Williams*

D. QUALITY MANAGEMENT COMMITTEE (QMC)

January 28, 2019-Membership Drive *Chair: B. Fortune-Evans*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

January 17, 2019 *Chair: L. Robertson, V. Chair: M. Hayes*

A. Work Plan Item Update / Status Summary:
<p><u>Monthly Expenditure/Utilization Report by Category of Service:</u> The Fiscal Administrator reviewed the expenditures and utilization through 10 months of service. At this point, service categories should have expended 83% of their funding. The EMA’s total Part A funds are 84% expended, and the Recipient’s Office expects to expend the remainder of available funds quickly as requests for additional funds far exceeded the amount of funding which was returned. This information was used by the Recipient’s Office—along with discussions with Providers, expenditures from the previous fiscal year, and FY2018-2019 trends—to make recommendations for reallocations.</p> <p><u>Reallocations:</u> The PSRA Committee conducted “Sweeps” to reallocate funds to and from service categories. The entire amount reallocated out of the other service categories, \$321,989, was allocated to Outpatient Ambulatory Health Services (OAHS) due to the projected a \$1.2 million deficit in this category. There has been a significant increase in the number of clients, which is being attributed to the success of the Test & Treat Program.</p> <p><u>FY19-20 Part A Funding & Service Provisions:</u> To curb the challenges faced this fiscal year, PSRA discussed cost savings strategies for the upcoming fiscal year. Strategies included rigorous ACA enrollment during the next enrollment period, caps on services, access modifications based on Client income, cost sharing, etc. After a thorough discussion, the committee determined it would begin reviewing service category eligibility at its next meeting and utilization trends at a future meeting.</p> <p><u>Food Bank:</u> The Committee discussed potential client need for additional food bank services due to the Government Shutdown. Members of the community have expressed how the shutdown will impact funding for SNAP benefits, and the Food Bank representative informed the committee on possible provisions to supplement this gap in services. The Part B Recipient also discussed ways in which the DOH-BC could help to provide assistance to individuals impacted by the interruption or elimination of benefits.</p> <p><u>Membership Drive:</u> PSRA will participate in the Membership Drive on January 31st at three locations: Poverello, NSU Dental, and Broward House.</p>
B. Rationale for Recommendations:
PSRA approved sweeps to allocate a total of \$321,989 returned funds to OAHS.
C. Data Reports/Data Review Updates:
The committee reviewed the monthly expenditure/utilization report as well as Recipient recommendations for reallocations.
D. Data Requests:
The committee will review service category eligibility to reduce the gap between funding and service provision.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i> Review service category eligibility and FY19-20 Work Plan. <i>Next Meeting Date:</i> February 21, 2019 at 9:00 a.m.

January 31, 2019-Membership Drive *Chair: L. Robertson, V. Chair: M. Hayes*

F. AD-HOC YOUTH ADVISORY COMMITTEE

December 4, 2018 *Chair: A. Ruffner*

F. Work Plan Item Update / Status Summary:

Subcommittee Guidelines: The Chair gave a brief explanation of the last meeting and what was discussed. The QM/PCS Manager explained the purpose of the committee, along with the guidelines under which this committee will operate.

Membership Drive: Attendees were made aware of the targeted recruitment plans that will be executed in the month of January. There will be no formal meetings in January. It was recommended that the subcommittee have the marketing materials for outreach event ready for January so that the advertisement for the CEC outreach event can begin as soon as the calendar year begins.

Finalize Outreach Event: The QM/PCS Manager shared with the attendees the scheduled events for the next upcoming months. It was advised that based on the calendar, the committee should aim for a March 2019 date for the outreach event. The subcommittee Chair followed up by reviewing Handout A. Discussions took place around determining the target age group for the proposed event, as 18-38 is too broad of an age group. Suggestions were made that the target age group should be 21-35, as opposed to the two presented age groups of 18-29/30-38.

The Chair reiterated for everyone to keep in mind the long-term impact, in terms of outcomes, that the committee hopes to gain from the events hosted through CEC. The committee discussed the different roles that their agency connections could serve in the planning and execution of this event. Some type of incentive may need to be involved if the goal is to reach young adults. An attendee suggested to involve artists, visual and performing, to create a deeper impact regarding the state of HIV in Broward as well. The major goal is to promote information about HIVPC and educating attendees on the importance of the affected communities getting the care that they need.

The Chair reviewed the decisions made in the meeting and the responsibilities members had agreed upon thus far. Members agreed that they will focus on younger age to 35 and start finding young adults to help plan and produce the proposed event of a Fighting Stigma Fashion Show. April 10th was proposed as the event date, as this is National Youth HIV & AIDS Awareness Day. Attendees agreed on Friday, April 12th as the date for the fashion show, as April 10th is a Wednesday. Proposed event time: 7-10pm. Lead in events were suggested as a way to build up to the fashion show event. Recipient Staff made mention of the event being in alignment with the integrated plan for the Planning Council.

The QM/PC Manager suggested creating a schedule of events to host after the fashion show in order to capitalize on the attention brought to the CEC. This could give the CEC a bigger opportunity to show what HIVPC does in the community and w/ Ryan White.

G. Rationale for Recommendations:

H. Data Reports/Data Review Updates:

I. Data Requests:

J. Other Business Items:

Agenda Items for Next Meeting: Event Sponsorship & Marketing and Outreach Event Timeline. *Next Meeting Date:* January 24, 2019 at 12:00 p.m.

G. EXECUTIVE COMMITTEE

No January Meeting

Chair: R. Lopes, V. Chair: C. Grant

H. SYSTEM OF CARE COMMITTEE (SOC)

No January Meeting

V. Chair: C. Edwards

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****

10. GRANTEE REPORTS (20 minutes)

- a. Part A
- b. Part B
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. Prevention

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: February 28, 2019 9:30 a.m. **LOCATION:** GC-430

<i>Tasks for next Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Membership Drive Update	ACTION ITEM: Discuss impact of Membership Drive and discuss follow-up and additional recruitment activities for the upcoming fiscal year.

16. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL
 • Linkage to Care • Retention in Care • Viral Load Suppression •



Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council



An Advisory Board of the Broward County Board of County Commissioners
 200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

Thursday, November 29, 2018 Meeting Minutes

ATTENDANCE			
#	Members	Present	Absent
1	Arencibia, Y.	X	
2	Barnes, B.	X	
3	Bhrangger, R.	X	
4	Burgess, D.		A
5	Fortune-Evans, B.	X	
6	Foster, V.	X	
7	Fleurinord, P	X	
8	Grant, C.	X	
9	Hayes, M.	X	
	Holness, Comm. D.V.C		A
10	Katz, H. B.	X	
11	Lint, A.		A
12	Lopes, R. <i>Chair</i>	X	
13	Marcoviche, W.	X	
14	Moragne, T.	X	
15	Moreno, V.	X	
16	Robertson, L.	X	
17	Rodriguez, J.	X	
18	Ruffner, A.	X	
19	Schweizer, M.		A
20	Siclari, R.	X	
	Quorum=11	17	

Grantee Staff
Anderson, T.
Fender, T.
Garcia, E.
Jones, L.
Green, W.
Robinson, J.
Cunningham, D.
HIVPC Staff
Johnson, B.
Oratien, V.
Martinez, G.
Jolly, J.
Guice, M.
Joseph, A.
Guests
Leonard, C.
Seth M.
Roberts, G.
Brown, P.
Dennis, B.
Sabatino, D.

1. CALL TO ORDER

The Chair called the meeting to order at 9:52 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chair welcomed everyone. Introductions were made by HIVPC members, PC and Recipient Staff, and Guests. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The following motions were made:

Motion #1: To approve today's meeting agenda
Proposed by: Barnes, B. **Seconded by:** Arencibia, Y.

Action: Passed Unanimously

Motion #2: To make an addition to the consent items to include new membership approval (C. Leonard)

Proposed by: Hayes, M. **Seconded by:** Moragne, T.

Action: Passed Unanimously

Motion #3: To approve updated agenda 11/29/18

Proposed by: Rodriguez, J. **Seconded by:** Arencibia, Y.

Action: Passed Unanimously

Motion #4: To approve the 10/25/18 minutes

Proposed by: Hayes, M. **Seconded by:** Katz, H.B.

Action: Passed Unanimously

3. PHONE INTRODUCTIONS

Patricia Fleurinord- CEC Vice Chair

4. PUBLIC COMMENT

None.

5. WRITTEN FEDERAL LEGISLATIVE REPORT HANDOUT (Kareem Murphy)

Federal Funding Update-As previously reported, Congress passed and the President signed into law the FY 2019 appropriations bill for the US Department of Health and Human Services. It largely level funds the Ryan White Program at \$2.3 billion across the program areas. The bill included statements of concern about the lack of progress on bringing down the rate of new infections among communities of color. HRSA has budget authority to make full year awards, for the first time in several cycles.

Most federal agencies, however, continue to operate under a temporary funding authorization that will expire on December 7. Congress is in session this week and working on an omnibus spending bill to complete this work. Because of the change in control of the House, negotiations have become more problematic. In addition, the President threatened a government shut down if Congress does not include funding to expand the wall along the Mexican border. Given the history of these scenarios, it is likely that Congress will pass a short-term funding bill to move the final deadline to right before Christmas and work to resolve differences throughout December. This is important because funding for HOPWA would be included in a Transportation-Housing and Urban Development Appropriations bill, which has yet to be completed.

FY 2020 Preview-The President is expected to introduce a budget that dramatically cuts domestic funding. Earlier this fall he directed federal agencies to reduce their FY 2020 budgets by 5% to address deficit concerns. Given control of the House switched to the Democrats and the need for 60 votes for bills to pass the Senate, it is highly unlikely that the *dramatic* cuts could be enacted.

6. CONSENT ITEMS

Motion #5: To approve consent items

Proposed by: Barnes, B. **Seconded by:** Katz, H.B.

Action: Passed Unanimously

7. DISCUSSION ITEMS

Motion #6: To approve the creation of an ad-Hoc Subcommittee for the Community Empowerment Committee.

Proposed by: Barnes, B. **Seconded by:** Katz, H.B.

Action: Passed Unanimously

8. NEW BUSINESS

a. **HIVPC Vice Chair Elections-** The Ad Hoc Nominating Chair opened this new business item with an explanation of the voting process. Attendees and committee members were informed that the elections would start with the opening statements and Q&A from each candidate. A request was made to read absences into the record before the voting tally commenced. The following members were read into the record as absent from the meeting: Burgess, D., Commissioner Holness, Lint, A., Schweizer, M.

Candidate Claudette Grant gave a personal statement about her interest in the position. She has been working in HIV for 30 years, and she is an authoritative leader when necessary as well as participative when possible. She will be available to chair committee meetings in the absence of committee chairs, when needed. Candidate Lorenzo Robertson stated that he brings a unique perspective to the PC as a black, same-gender loving man. He stated the HIV Planning Council needs more HIV+ people in leadership positions. He plans to bring people to the PC by just talking daily about how PC decisions impacts their care; tapping into personal relationships/groups he's a part of. Members of the HIVPC cast their votes on paper ballots. A member of the ad-Hoc Nominating Committee and an HIVPC Health Planner tallied the votes and the following election results were read into the record, starting with the HIVPC member on the phone:

	CANDIDATES FOR VICE CHAIR		
MEMBER	CG	AL	LR
1. Yusi Arencibia			x
2. Brad Barnes	x		
3. Ronald Bhrangger	x		
4. Devorn Burgess			
5. Patricia Fleurinord			x
6. Bisiola Fortune-Evans			x
7. Vincent Foster	x		
8. Claudette Grant	x		
9. Marie Hayes			x
10. H. Bradley Katz	x		
11. Arianna Lint			
12. Requel Lopes			x
13. William Marcoviche	x		
14. Timothy Moragne	x		
15. Valery Moreno	x		
16. Lorenzo Robertson			x
17. Joshua Rodriguez			x
18. Andrew Ruffner			x
19. Mark Schweizer			
20. Rick Siclari	x		
TOTAL	9	0	8
2018 HIVPC V. Chair Winners:			
Legend			
CG- Claudette Grant			
AL- Arianna Lint			
LR- Lorenzo Robertson			

Voting Results: Claudette Grant won the election and will begin her term as Vice Chair on December 1st.

b. HIVPC Membership Drive- The chair of the Membership / Council Development Committee gave a brief synopsis of the meeting held, along with the idea of having a membership drive during the month of January for all PC Committee meetings. Handout B was presented as a promotional tool to use when recruiting and doing the satellite membership drives in designated Part A/HIV agencies. In the past week, there have been two resignations from consumers on the council. That has severely affected the HIVPC demographic reflectiveness, specifically relating to consumer reflectiveness. Currently, there are no black female consumers represented on the council. The membership drives will be held on each standing committee meeting date, and members are required to attend as the attendance will count towards quorum. A call was made for council members to inform the HIVPC Chair and PC Staff of the availability of the organizations on the committee meeting dates.

9. OCTOBER COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

A. Work Plan Item Update / Status Summary:

Outreach Event Planning: The Committee discussed that the goal for the next outreach event was to increase participation amongst young adults. Target groups were identified as 18-38 years old, but members decided to break this group into two smaller subgroups: 18-29 and 25-30. Suggestions were made for partnering agencies such as pharmaceutical companies to provide sponsorships to host events; as they often times provide food for an event in exchange for a pharmaceutical presentation. AHF was another agency, as they have event space and resources that could be donated. The committee will reach out to organizations that will help spread the word about the proposed CEC event and to get more potential sponsorships.

Ad-Hoc CEC Outreach Event Committee: An ad-Hoc CEC Outreach Event Committee was suggested by members as a way to get more people from the target population (youth/young adults), to take part in planning the event from start to finish. This committee will serve in the capacity of advising CEC members on what are must haves for an event to be well attended by CEC's intended target group.

Event Follow-up: The Committee identified members and community guests who will help advise on sponsorship and marketing. Once approved by the HIVPC, the committee will meet in December. A joint January meeting with BTAN was suggested as a way to secure commitment and outreach from both planning body subcommittees with the goal of kicking off the event in February of 2019.

B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i> Event Timeline/Logistics <i>Next Meeting Date:</i> December 18, 2019 at 3:00pm

November 6, 2018 *Chair: Vacant, V. Chair: P. Fleurinord*

B. AD-HOC NOMINATING COMMITTEE

November 26, 2018 *Chair: Barnes, B.*

A. Work Plan Item Update / Status Summary:
Review Elections Process and Logistics: The HIVPC Manager explained the roles that each ad-Hoc Nominating committee member. PC staff will send an email with the list of candidates and their completed questionnaires so that members can review and submit questions.
Prepare Slate of Officers: The committee reviewed each candidate's eligibility to run for office based on his/her membership standing not in compliance with the HIVPC Membership P&P. Further, based on the P&P, if the candidate has not selected a committee within 30 days of 2018. Members felt this was out of compliance with the P&P and determined the candidate's current membership status, and possible candidates to the Executive Committee.
B. Rationale for Recommendations:
Based on the candidate's membership status; not selecting/participating on an active committee within 30 days, with the threat of being removed.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i>

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

November 8, 2018 *Chair: V. Foster, V. Chair: Vacant*

**HIV Planning Council Membership Report
Current Through October 2018**



D. INTEGRATED WORKGROUP

No November Meeting

Chair: T. Pietrogallo, V. Chair: Williams, T.

E. QUALITY MANAGEMENT COMMITTEE (QMC)

November 19, 2018

Chair: D. Shamer, V. Chair: Fortune-Evans, B.

Meeting Canceled - No Quorum

F. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

November 18, 2018

Chair: L. Robertson, V. Chair: M. Hayes

Meeting Canceled - No Quorum

G. EXECUTIVE COMMITTEE

November 26, 2018

Chair: R. Lopes, V. Chair: vacant

A. Work Plan Item Update / Status Summary:
<u>HIVPC Committee Vacancies:</u> There is an immediate need for consumers—especially black female consumers. Members were again encouraged to continue efforts to recruit new consumer members.
<u>Current Applicants, Interested Parties, and Appointments:</u> The Committee reviewed and approved an application for HIVPC membership. The applicant will fill the HOPWA seat, which was recently vacated. A guest, Twanishia Pound, was approved for MCDC membership and the recommendation was sent to the HIVPC.
<u>Code of Ethics:</u> Members reviewed examples of codes of ethics as well as a sample HIVPC code of ethics. Members discussed whether language regarding status disclosure that was included conflicted with any County Ordinance/Sunshine Laws and requested PC staff follow up with the County Attorney. Language will continue to be revised and will be reviewed at the next MCDC meeting.
B. Rationale for Recommendations:
Twanishia Pound is an interested consumer who will offer valuable insight to the membership intake process. She also represents the target population for which the HIVPC member requirement efforts are targeting.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
Recommendations from County Attorney regarding member code of ethics language.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i> New Member Appointments, Work Plan Update, and Code of Ethics Sample Language. <i>Next Meeting Date:</i> February 14, 2019 at 9:30 a.m.

A. Work Plan Item Update / Status Summary:

HIVPC Vice Chair Elections: The Ad Hoc Nominating Chair explained the nominations process for Elections. During the ad-Hoc meeting, there was a thorough discussion of all candidates and whether or not they would be eligible to run in the official elections on November 29th. Two candidates were approved by the ad-Hoc committee. However, one of the candidates was not deemed eligible due to her membership status; identifying/participating on an active committee after being removed from the CEC in September. The committee identified the committee this candidate chose; System of Care (SOC), has not been an active committee since January 2018, the committee does not have a Chair to approve this candidate, and that selecting the committee does not qualify as participating on an “active standing committee.” Based on her non-compliance with Membership P&P (joining a committee after being removed for attendance within 30 days of removal), the committee sent final Vice Chair candidate recommendations to Executive, not including this candidate. The Executive committee determined that since the committee has not been dissolved or reactivated, selecting this committee is acceptable. With the decision to allow the candidate to join SOC, this candidate was deemed qualified to run for Vice Chair.

December Meetings: The committee discussed not scheduling any HIVPC or committee meetings during the month of December. Pending the approval of an ad-Hoc committee for the CEC, this group will meet to discuss plans for an outreach activity targeting youth/young adults in 2019. PC staff also informed the committee of the very recent shift in membership. Two white male consumers submitted letters of resignation over the weekend and are no longer on the council. With their resignations, the HIVPC is now down 4 consumers, which also brings membership down to 20 people. Members discussed their concerns with finding new members who are available to meet during the hours scheduled for committee meetings. A suggestion was made to host a “Membership Drive” at agencies and assign each committee to host the drive at a Part A agency during the month of January in place of their meeting day/time. Members will report to the assigned agency on their meeting day and remain at the agency for the two-hour meeting time and host mini recruiting sessions. PC Staff will develop a draft recruitment handout and contact card for prospective members.

B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i> Review HRSA site visit recommendations.

H. SYSTEM OF CARE COMMITTEE (SOC)

No November Meeting

V. Chair: C. Edwards

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****

10. RECIPIENT REPORTS (20 minutes)

- a. **Part A-** The Recipient staff introduced the new Community Partnership Division Director, Darryl Cunningham and welcomed him to the county. The application process is now closed for the Peer Certification Program. Over 23 applicants from the community applied to the program. There is also a community advisory board for the peer program. The training program is approaching its 4th week; and there has been a lot of positive feedback thus far. This class is the first inaugural class of trained peers as a part of the commitment to the service delivery system. For World AIDS Day, the county is getting the word out in a variety of ways; there is a display in the lobby for county employees with prevention and care treatment messaging. On December 4th, the Mayor will be doing a Ryan White Part A Proclamation. World AIDS Day and HIV Literature/Community Newsletters will be handed out. Part B will try to get home-test kits for Part A’s event. January will be the start of the reallocation process. Expenditures are reflective of being at capacity financially. It is possible that there is a service category that needs to be reviewed, as it seems to be underutilized. The Recipient’s Office will be doing 2 presentations and 1 poster presentation during the Ryan White Conference held December 11-14, 2018. A Broward Public Communications Staff was present and requested interested individuals to discuss how HIV has impacted their lives, after the meeting. Those who choose to participate will sign a release form allowing their story to be used County related HIV publications.
- b. **Part B-** A report was given on the current Part B expenditures. See handout for more details.
- c. **Part C-** In process of completing their application, which has been the biggest priority. So far, they have not had much communications with the project officer. Funds are being spent in a timely fashion, and additional funding is

expected in the upcoming weeks. Last year, the award amount was 891k while this year the agency received a slight deduction, at 875k.

- d. **Part D-** Programmatically everything is going well within the agency. Of all of their doctors in the clinic, their newest physician is still waiting to get confirmed on the MMA insurances. There are a couple events they are in the midst of planning, including last night’s event Ribbons for Children at the World AIDS Museum. Another event approaching on December 7th. Thanksgiving event was success, and over 1200 families were fed.
- e. **Part F-** No report.
- f. **HOPWA-** MODCO took on a new pilot project for project-based units/master leases, approved at the CSB meeting. Plans to bring something more formal for the next meeting. A master lease is where there is a unit in the community where they will use their homes for project based units. As opposed to the homes being used as family homes, each room in the home is leased as an individual unit. Tenants are required to pay 30% of the rent which means they must have income. HOPWA will be working with these tenants for 6 months – 1 year to improve employability skills, etc. If someone is interested in being a landlord for the program, they can receive more information at a later date. At the upcoming January CSB meeting, there will be other models introduced for providers to discuss how they can have those dollars go further to help more people.
- g. **Prevention-** A FDOH representative informed the members that moving forward, there would be a full prevention report on a quarterly basis. Staff will be supporting a variety of World AIDS Day events. Prevention staff have given out over 1000 free 10-day supply packs of Truvada prep to clients at the clinic. Not all linked individuals are from Broward County. Test & Treat continues to bring clients into care. They are working on their partnerships in order to continue to improve the program. More staff has been hired to make sure they can keep up with the demand and keep as many as possible in care. Under new RFA cycle, new contracts with agencies will begin to be reviewed.

11. UNFINISHED BUSINESS

None.

12. PUBLIC COMMENT (Up to 10 minutes)

Public comment was made by a community advocate. She congratulated the newly appointed Vice Chair. She expressed gratitude for Ryan White Part A staff and the HIVPC, due to the services and resources provided through Part A and Care Resource. She also made a solicitation for the board to help to empower more people who are at home or bedridden.

13. ANNOUNCEMENTS

- December 1st- World AIDS Day Vigil- 6:30pm. Step-off at Hagan Park and walking to Pride Center
- Dec 13th - Food Pantry is hosting a holiday bazaar for client families. Free haircuts. 1st come 1st serve- 11-2pm
- December 7th- Children’s Diagnostic and Treatment Center is having their Annual Ribbons for Children Event. For more information: childrensdiagnostic.org / CDTC is also hosting a Children’s toy drive- To donate toys, please bring toys to the CDTC office 8-5pm.

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: January 24, 2019 **LOCATION:** TBD

<i>Tasks for next Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Reallocations “Sweeps”	ACTION ITEM: Review Part A expenditure data and conduct final “Sweeps” process.

16. ADJOURNMENT The meeting was adjourned at 11:38am.

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL
 • Linkage to Care • Retention in Care • Viral Load Suppression •

Consum	PLWHA	Absenc	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	25	C	22	26	24	28	26	C	27	25	29		
		0	1	Arenciaba, Y.	E		E	X	X	X	X		X	X	X		
	1	0	2	Barnes B.	X		X	X	X	X	X		X	X	X		
1		0		Barrientos, Y.	X		X	X	X	X	X		X	R- 10/15			
1	1	0	3	Bhrangger, R.	X		X	X	X	X	X		X	X	X		
1	1	0	4	Burgess, D.	X		X	X	X	X	X		E	X	A		
		0		DeSantis, M.	Z-1/23												
		5		Fleurinord, P.	N-8/14								X	A	X		
	0	6		Fortune-Evans, B.	X		X	X	X	X	X		X	X	X		
1		7		Foster, V.	X		A	X	X	X	X		X	X	X		
1		8		Grant C.	X		A	X	X	X	X		X	X	X		
	2	9		Hayes, M.	A		X	X	A	X	X		X	X	X		
	8	A		Holness, D. V.C. (Comm)	A		A	A	A	A	A		A	A	A		
1	1	0	10	Katz, H.B.	X		X	X	X	X	X		X	X	X		
1	1	3	11	Lint, A.	X		A	X	X	A	X		A	X	A		
		0	12	Lopes, R., <i>Chair</i>	X		X	X	X	X	X		X	X	X		
1	1	0	13	Marcoviche, W.	X		E	E	X	X	X		E	E	X		
	0	14		Moragne, T.	X		X	X	X	X	X		X	X	X		
	0	15		Moreno, V.	N-8/14								X	X	X		
1	3	16		Robertson, L.	X		X	A	X	X	A		A	X	X		

1	1	3	Robertson, P.	X		A	A	A	W-5/2, R-6/1							
2	17		Rodriguez, J.	A		X	X	X	X	A		X	X	X		
0	18		Ruffner, A.	N- 10/23									X			
1	1	1	Runkle, D.	X		E	E	X	X	A		E	X	R-11/26		
0	19		Schweizer, M.	X		X	E	X	X	X		X	X	A		
1	1	2	Shamer, D.	E		X	X	A	A	X		X	X	R- 11/26	W-7/9	
1	20		Siclari, R.	X		X	X	X	X	X		X	A	X		
1	0		Spencer, W.	X		X	X	Z- 5/15								
0			Taylor-Bennett, C.	X		X	X	X	Z - 5/25							
1			Williams, R.	X		X	A	X	X	X		X	X	Z- 10/25		
Quorum = 12				20		17	18	20	19			17	19	17		

Legend: X
- present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - resigned

C - cancelled
W - warning letter
R - removal letter

Update for Broward County HIV Health Services Planning Council

From: Kareem Murphy

Date: January 22, 2019

Federal Funding Update

Fiscal Year 2019 Ryan White awards are currently being made despite the federal government shutdown. Agencies funded in the Labor-Health and Human Services-Education appropriations bill are fully funded for the year. Agencies like the U.S. Department of Housing and Urban Development (which administers HOPWA) are closed because of the shutdown. It is not clear when and how the impasse will be resolved and when the government will reopen. Current proposals from the House and the Senate suggest that funding levels for HOPWA and other programs not funded in the HHS bill would be level funded (last year's level).

FY 2020 Preview

The President is expected to introduce a budget that dramatically cuts domestic funding. Last fall, he directed federal agencies to reduce their FY 2020 budgets by 5% to address deficit concerns. Given control of the House switched to the Democrats and the need for 60 votes for bills to pass the Senate, it is highly unlikely that the *dramatic* cuts could be enacted. The President's budget is expected around February 11.

Legislative Requirements and Best and Promising Practices for Recruitment and Retention of New Members



Uniqueness of PC/PBs

No other federal HHS program:

- ▶ Has a legislatively required planning body that is the decision maker about how funds will be used
- ▶ Has such defined membership composition
- ▶ Requires such a high level of consumer participation (at least 33 percent)

Role of Membership in Ensuring Value of PC/PBs

Individuals who serve as RWHAP planning council members make a vital contribution to their communities by helping to strengthen and improve the service system for people living with HIV.



Planning Council Membership



People Living with HIV (PLWH) & Community

- Members of affected communities
- Non-elected community leaders
- Representatives of recently incarcerated PLWH
- Unaffiliated consumers

Health & Social Service Providers

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers

Public Health & Planning

- Public health agencies
- Healthcare planning agencies
- State agencies

Federal HIV Programs

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients
- Recipients under other federal HIV programs†

Bringing On New Members

- ▶ CEO makes appointments to PCs, but all members must go through an open nomination process managed by PC
- ▶ PBs do not have the same legislative requirements as PCs, but should still make consumer membership a priority

Recommended Practices



Overall

- ▶ Establish consumer trust
 - Ensure consumers know their opinions are respected and vital
 - Ensure consumers know that their efforts are appreciated and valued
- ▶ Ensure consumers are given the tools they need to succeed on the PC/PB
 - Create systems for smooth onboarding of new members if a member needs to leave
 - ▶ At large members
 - ▶ Alternate members
 - ▶ Consumer caucuses
 - ▶ Consumer committees
 - Prepare consumers for possible membership and active engagement through training and leadership development
 - Orientation of new members at least annually
 - Ongoing training throughout the year

Recruitment

- ▶ Advertise for membership strategically - targeting specific subpopulations
- ▶ Year-round community outreach, engaging your PLWH that are already on your PC/PB
- ▶ Recruit through providers and other community partners
- ▶ Make applications available online and share widely
- ▶ Create innovative, attractive recruitment materials
 - Find examples in the Compendium

Engagement & Retention

- ▶ Engage new members immediately and personally
- ▶ Maintain a mentoring program
- ▶ Be sure consumer members are regularly informed of meeting dates, times, and locations
- ▶ Make provisions for illness
- ▶ Help new consumer members prepare for meetings
- ▶ Provide meals when meetings are at mealtimes
- ▶ Use understandable/plain language
- ▶ Appreciate your consumers

Panel Discussion



What is your general approach to recruiting & retaining new members?



Detroit EMA Experience

▶ Recruiting

- Newspaper Ads
- Community outreach events
- Word of mouth
- Online application
- Project LEAP (Learning, Empowerment, Advocacy, Participation)

▶ Retaining

- Trainings
- Ensuring members feel a part of the process
- Celebrating members' success

Detroit EMA Experience

▶ Greatest Challenge Recruiting

- Filling specific mandated representation categories
 - ▶ Local Health Departments
 - ▶ State Medicaid Representative
 - ▶ Racial/ethnic minorities – Latinx, Arab/Chaldean, Asian

▶ Strategies to Overcome Challenge

- Networking/focused outreach
- Looking into video conference



Bergen-Passaic TGA Experience

▶ Recruitment

- Use data to determine location of target populations (consumers and CBOs)
- Contact agencies to recommend possible candidates for membership
- Meet personally to discuss possibility of involvement as well as the responsibilities of membership

▶ Retention

- Ensure consumers understand their value
- Highlight successes and challenges of PB

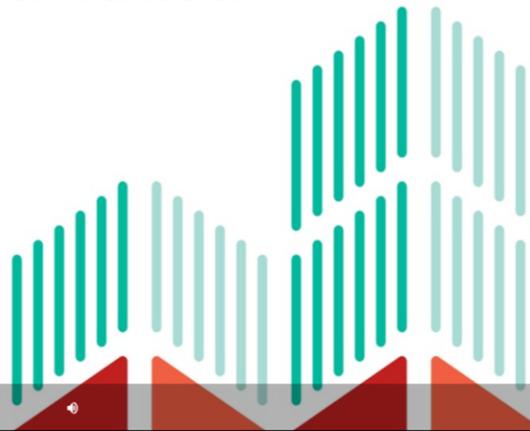


Bergen-Passaic TGA Experience

- ▶ People we attempt to recruit have limited time and patience
- ▶ To overcome:
 - Persevere
 - Get to know our community



What has been your most effective strategy at retaining new members?



Detroit EMA Experience

- ▶ Training Members
 - Knowledge needed to carry out tasks
 - Empower to be decision-makers
 - Confidence to participate in processes
 - Have fun



Bergen-Passaic TGA Experience

- ▶ Get to know people
- ▶ People want to see an end to the epidemic
- ▶ Engage members and ensure them feel:
 - Needed
 - That they are accomplishing something





RECRUITMENT AND RETENTION OF NEW MEMBERS TO PLANNING COUNCILS AND PLANNING BODIES

Michelle: Hello everyone. And welcome to today's planning chat webinar Recruitment and Retention of New Members to Planning Councils and Planning Bodies. My name is Michelle Vatalaro and I'm a Technical Assistance Coordinator for the Planning CHATT project. Before we get started, I just want to go through some technical details. First, attendees, you're in listen only mode. You're in listen only mode, but we encourage you to communicate with each other and with us and ask lots of questions using the chat box that you see on your screen. You can submit questions at any time during the call. Or during the question period at the end. Our awesome presenters along with the Planning Chat staff will take as many of your questions as we can at the end of today's session. And if you think of a question after the webinar, that's fine too. You can always email questions to us at planningchatt@jsi.com.

Michelle: So, the easiest way to listen to today's webinar is through your computer. And if you can't hear us very well, check to make sure that your computer audio is turned on and the volume is up. If you still can't hear us or if you experience a sound delay at any point, try refreshing your screen. And finally, if needed, you can mute your computer audio and call in using a telephone number that you see on your screen here. You'll need to use the passcode that's also listed on the screen. And we'll put this information into the chat box for you, so that you have that as well.

Michelle: So, let's quickly run through our agenda for today. We're gonna start off with a welcome and with some introductions of our colleagues and panelists. We'll also then go through the legislative requirements. Some best and promising practices and then we'll get into our panel discussion for today. And we'll finish up with some resources that are available to you after this webinar. And a question and answer period. By the end of today's training, you'll be able to understand the uniqueness and value of planning councils and planning bodies. You'll understand the importance of planning council/planning body membership. And know the legislatively required membership composition for planning councils. You'll have learned three strategies to recruit new planning council/planning body members and two strategies to retain planning council and planning body members.

Michelle: So, I first want to start by introducing our HRSA [inaudible 00:02:50] colleagues. Steven Young is the Director of the Division of Metropolitan HIV/AIDS programs and the HIV/AIDS Bureau at HRSA. And Lennwood Green is a Project Officer at the Division of Metropolitan HIV/AIDS programs in the HIV/AIDS Bureau at HRSA.

Michelle: Thank you both for your support of the Planning CHATT project and that the Ryan White HIV/AIDS program part A planning council/planning bodies. And I think I'm gonna hand it over to Lenny for a moment to say hello to you all. Lenny.



- Lenwood: Good afternoon and welcome. We are hoping that you can get the information and some of the expertise of some of the folks who are on our panel today. This is a really crucial portion of the entire Ryan White program, because we're talking about planning councils and planning bodies. And they're extremely important part of our entire program. So, we look forward to providing you with information and please let the questions flow as you need. Have a good webinar.
- Michelle: Thanks so much. Now, let's introduce the Planning CHATT project. Planning CHATT is here to provide technical assistance and training to planning councils and planning bodies in order to build the capacity of the planning councils and planning bodies across the United States. Our goal is to help you meet legislative requirements, to strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning.
- Michelle: And so, I want to then introduce our fantastic panelists for today. Ms. Khalilah Daniels has served as an appointed commissioner of the planning council in Bergen-Passaic TGA since 2013. In 2000, Ms. Daniels joined Team [inaudible 00:04:48] in 2000 a non profit community based integrated behavioral healthcare organization and licensed intensive outpatient ambulatory facility through the State of New Jersey addiction services. As well as SAMSA. She currently holds the position of Director of Programs. She has dedicated over 15 years to working within the HIV/AIDS community in Passaic County and Bergen County. And in December 2018, was re-elected to serve a second term as the Vice-Chair.
- Michelle: Mr. Eduardo Elizondo comes to us from Bergen-Passaic TGA as well. And has served as an appointed Commissioner of the planning body in 2014. And currently serves as the Chair of the Community Development Committee, which oversees membership recommendations, community engagement and events in Passaic and Bergen Counties. Eduardo devotes himself to making a difference in forming members of the community about available healthcare services. And finding ways to increase involvement from people living with HIV. Born in Costa Rica, Eduardo brings fun energy and a great amount of reliability to all the work he does. He ensures the tasks are organized, efficient and on track. He's a masterful chef, creative artist and his extraordinarily positive attitude is as big as life. He [inaudible 00:06:11] arts and crafts via [inaudible 00:06:12] in 2000, allowing his artisanship to take full flight.
- Michelle: Last, but certainly not least, we have Ms. Undrea Goodwin, who for the past 12 years has had the privilege of serving in each position within the southeastern Michigan HIV/AIDS council support staff structure. Beginning as Program Assistant, becoming Community Health Planning Coordinator. And now serving as Public Health Project Lead. As the Project Lead, Ms. Goodwin worked closely with the planning council to ensure that they adhere to federal mandates and rules. She orients new members to the planning council processes and provides training to members in the areas of finance. And priority setting resource allocation. This year, Ms. Goodwin developed and implemented the Project Lead training program, which modeled after the program that

originated in Houston. Yielded new members and empowered students to feel confident in their ability to take part in the planning processes.

Michelle: In addition to her work with SEMHAC, Ms. Goodwin's also a member of the Michigan HIV/AIDS council where she serves as Co-Chair of the membership committee and Co-Chair of the Council. She's thankful that her job has become her career and her passion.

Michelle: So, before we get into our panel discussion, we're gonna take some time to discuss the legislative requirements for planning councils and talk through some best and promising practices for recruiting and retaining new members to your planning councils and your planning bodies.

Michelle: So, the Ryan White HIV/AIDS program focuses on community health planning for HIV care and treatment. Community health planning is a deliberate effort to involve diverse community members in an open, public process designed to improve the availability, accessibility and quality of healthcare services in their community. It involves identifying community needs, assessing capacity to meet those needs, allocating resources and resolving conflicts. The Ryan White HIV/AIDS program part A planning councils and planning bodies play that role.

Michelle: The planning councils and planning bodies are unique. No other federal health or human services program has a legislatively required planning body that is the decision maker about how the funds will be used and has such well defined membership composition and requires such a high level of consumer participation.

Michelle: This results in community involvement and decision making about HIV service delivery. It leads to collaboration among diverse stakeholders, with everyone sitting at the same table and working together to make the best decisions for the community. It also leads to a positive impact on the service system, including improvements in access of quality of care and contribution to positive client outcomes. It also leads to a lot of consumer voice in the decisions about the services. People who serve as Ryan White HIV/AIDS program planning councils and planning body members make a vital contribution to their communities by helping to strengthen and improve that service system for people living with HIV.

Michelle: So, let's go quickly through the legislatively required categories of planning council membership. Though planning bodies are not required to meet these requirements, HRSA strongly encourages that they follow this model and make the membership of people living with HIV and other community members a priority. So, our legislative requirements are representation. We want to avoid membership that's stacked with real and perceived conflicts of interest or members from the same organization. We need to have at least 33% of the council be comprised of people living with HIV or AIDS who receive Ryan White HIV/AIDS program part A funded services. And this isn't just nominal sort of thing. We really want to make sure that we're having meaningful engagement as these folks are retained. Such as through encouraging active participation, recruiting new members and leadership and professional development opportunities.

- Michelle: We also want to have representation from healthcare providers including federally qualified health centers. As well as community based organizations that serves people affected by HIV. We want to have other service providers like mental health, substance abuse and other local public health agencies as well as hospital planning agencies and other affected communities. We want to see people like non elected community leaders, the state Medicaid agency, the state agency administering the part B program, Ryan White grantees under part C and D or grantees under other federal HIV programs. Including HIV prevention programs.
- Michelle: We also want to make sure that we have representation of people who are formally incarcerated or their representatives. Again, we want to make sure that 33% of the people on the planning council are unaffiliated consumers of part A services. And this really means that they don't have a conflict of interest, that they're not staff, paid consultants or board members of part A funded agencies. Though 33% is the minimum, we do certainly encourage planning councils to aim to exceed that 33% consumer participation requirement. And we want to make sure that the life circumstances might change for members during their term and we want to keep that into consideration when we're thinking about how we structure our membership.
- Michelle: Another requirement is reflectiveness of the epidemic in the EMA or TGA. We want the membership to be reflective of the demographics of the local epidemic. And both the planning council and its consumer members should reflect characteristics such as race and ethnicity, gender, gender identity, gender expression and age. And recruitment efforts are really crucial to making this happen. We want to encourage routine recruitment efforts and we'll go through some strategies to do that today.
- Michelle: Lastly, we want to make sure that there's a balance between the providers on the council and consumers, in order to ensure that the consumer voice is heard and respected. And again, we're going to go through all of these things ... some strategies to make all this happen in our panel presentation.
- Michelle: So, I know I just talked a lot and I want to make sure that we really know where we're getting our start from. So, if you want to take a moment to answer the poll that you see on your screen. Which of the following are legislatively required membership categories for planning councils? You can check all that apply. Okay. So, I'm seeing our results come in. And I'm seeing that everyone's doing really well here. And the answers are that, the legislatively required membership categories are people living with HIV and community members, health and social service providers, public health and planning, as well as federal HIV programs. The Ryan White HIV/AIDS program part A recipient is not a membership category for planning councils. So, good job on that response.
- Michelle: Too far. So, remember, the planning council and planning body is an independent entity. This means that the selection of planning council or planning body members must be independent of influence or direction of part A recipients. The CEO makes appointments to the planning councils, but all members go through an open nomination process

managed by the planning council. And this nomination process must use clearly stated publicized criteria including a conflict of interest standard.

Michelle: Again, planning bodies don't have the same legislative requirements of planning councils, but they should make consumer membership a priority. Both planning councils and planning bodies should review their vacancies monthly, conduct extraordinary outreach and encouragement that those who they interact with on a regular basis. They should seek a diversity of perspectives and expertise and honor different viewpoints at every level of council operations. The role should be defined and the processes for decision making should be clear. Lastly, the planning council chair should not be, must not be, and employee of the Ryan White HIV/AIDS program Part A recipient.

Michelle: So, one of the most important things that we can do as a recommended practice is to develop trust with our consumers. We want to make sure that the consumers know that their opinions are respected and that they're vital to the mission of the planning councils or the planning bodies. We want them to know that the time they spend and the efforts they put in is valuable and appreciated. One way we can establish trust and show respect for our consumers is to ensure that they're given the tools that they need to succeed in their role on the planning councils or planning body. We need to set up systems in advance that allow us to smoothly onboard new members during annual recruitment or if a member leaves on short notice and a space needs to be filled. Planning councils and planning bodies can establish a group of at large or alternate members who may or may not have voting or committee responsibilities. You can also establish a consumer caucus or consumer committee as a part of your planning council or planning body as a grooming ground for future consumer membership.

Michelle: Engaging in these types of activities helps to prepare consumers for possible membership and active engagement through training and leadership development. That way, when they come on as members, they know the value they bring and have confidence to fully participate and the skills to be successful in the role. When planning councils and planning bodies bring on new members, it's really important that they receive orientation. Which should occur at least annually. It's important though, that the orientation be supplemented by ongoing training activities throughout the year. So, these are some high level strategies, but I really want to hand this over at this moment to our wonderful panelists who can give us some good examples of what this looks like on the ground. And I'm gonna go ahead and start with Detroit. So, Undrea.

Undrea: Yes. The beauty of planning councils is that they are made up of diverse individuals. You have different backgrounds, knowledge, experience and so on. In having such a diverse group means that members think about, learn and process information differently. So, this means that there may be some who struggle with their role as planning council members. However, we know that each member has a skill to offer and that's something that our council leadership understands. So, when there is a member who's having a difficult time processing the information, they aren't excluded or made to feel that their voice doesn't count. Our council leadership, they actually step into a mentoring role and they help the members to gain a better understanding of the processes. And our council leadership, they provide this help not only during meetings,

but also outside of meetings. And it's because of this mentoring that our SEMHAC members, they are able to trust, they feel valued and appreciated.

Michelle: Oh, thank you so much for that. I'm going to now hand it over to Bergen-Passaic TGA.

Eduardo: Good afternoon, everybody. Thank you for having us. Taking from Detroit. We have established a way that we do our planning council business in a way that we understand that not everybody has the same knowledge. But, we take from everybody's point of view and make them feel welcome, needed. Which is a plus. And we do also try to bring their knowledge and who they know into what we do. Because the more we know about the needs of the community, especially ours that we comprise by two counties. We have a lot of different people, ethnicities, backgrounds, understandings. And they help us engage people based on what they heard and what they can bring to our planning council. We understand that the priority settings are coming up for some of the members it's a difficult time. Because there's a lot of data that is coming. The numbers. But, we always take from whoever has been the longest and where we make you understand better what's going on. Especially for the newer members.

Khalilah: So, in short we're saying basically the same thing that we said in Detroit. That it's really important to accept all viewpoints and to work with what we have. And to teach and mentor.

Michelle: Thank you so much for that really great detail on what that looks like on the ground. So, then we're going to move into another poll. Just a little quick knowledge check. How frequently should orientation for new members occur? Alright. I'm seeing our responses come in. And it's looking good, because yes, orientation should occur at least annually. Again, we want this to be supplemented by frequent training throughout the year. And so, we can do more to always be building up the capacity of our planning council members. But, orientation should occur at least annually.

Michelle: So, this slide here shows some promising strategies for recruiting new members. And we'll hear more from our panelists in a bit. But first, we want to make sure that you are thinking about advertising for membership strategically. Targeting specific subpopulations. You might have to go to non traditional places to find members how are representative of the communities representing your data. You might also draw upon the expertise of your planning councils or planning body members. Do they have friends or colleagues who might be able to serve? Or who could make introductions for you?

Michelle: Recruitment and community outreach are year round activities. Again, learn from and draw on the people living with HIV that are a part of your planning council or planning body. You want to recruit through providers or other community partners. And you might want to make the application available online, so that it can be easily and quickly shared widely. This can help to reduce the application burden on the part of the applicant. And it can also make your reviewing the applications a little bit easier. We also want to make sure that you're thinking about innovative, attractive recruitment materials. There are some really great examples in the compendium that we've put

together by Planning CHATT. For example, Fort Worth's Playbills pamphlet. Which is included in the Compendium as an example of a really innovative recruitment material that's been successful.

Michelle: And so, once we find and recruit folks to join our planning councils or planning body, it's important that we take steps to ensure that they're able to fully and confidentially participate in planning councils and planning body activities. And the first thing to do is to meet with new members immediately and get to know them. Learn about their strengths and interests so that you can know how they can best contribute to the efforts of the planning council or planning body. You might also take this time to learn about any concerns that they have or barriers to their participation, so that you can be on the lookout for and avoid or overcome potential stumbling points. Many planning councils and planning bodies find it helpful to establish a mentoring program as we heard about. This can be formal or a more informal buddy type program. This might include helping new members prepare for the meetings, so that they understand the processes and topics that are going to be discussed. And don't feel behind. So that they are empowered to participate as fully as they would like.

Michelle: We also want to ensure that all our members, particularly our consumer members, are aware of all dates, times and locations of our meetings. We want to make an effort to hold these meetings at times and locations that are accessible to our new members and our consumer members. We also want to make provisions in our rules for illnesses and provide meals when meetings are taking place over meal times. Like lunch time or dinner time. The planning council or planning body should also be sure to be using normal plain language whenever they can. Avoid jargony terms or acronyms that might be unfamiliar to your newer members. Doing so is exclusionary and creates a feeling of being behind or being somehow other. If you need to use jargon or acronyms, be sure to explain what you're talking about. And make sure to make time for questions or explanations as you go.

Michelle: Lastly, make sure that your new members know that you appreciate their contributions. They're giving their time, their attention, and their expertise to the group. So, we want them to know that their contribution is vital to the success of both your planning council or planning body and to the Ryan White HIV/AIDS program overall.

Michelle: Okay, so now we are going to move into our panel presentation. And so, I want to again introduce our speakers who are from Detroit and Bergen-Passaic. And so, if you could just start ... we'll start with Detroit. If you could both just tell us a little bit about your jurisdiction. The size of your jurisdiction, the size of your planning council or your planning body.

Undrea: Yes, so our EMA is made up of six counties and there are approximately 10,384 people living with HIV. And of that, approximately 3,770 are Ryan White consumers. When it comes to our planning council, we have 53 members and 40% of the 53 are unaligned. And then, we also have four at large members.

Michelle: Awesome, thank you so much. And then, Bergen-Passaic?

- Khalilah: Yes, thank you. Bergen-Passaic are two counties. We are TGA. So, that our number of people infected is much smaller. But, we do ... and our population here is much smaller. Our planning council we have 34% that are consumers and the rest are members from providers, stakeholders in the TGA. Very different, very different. But we do have a very close knit TGA here. Exact numbers I can't spit out for you, but I can tell you we are definitely at 34%.
- Michelle: Okay.
- Khalilah: We have 34 members. Thank you.
- Michelle: Awesome. Thank you so much. That helps us get a great idea of what it looks like in your area, so that folks know why ... maybe have a better idea of why your recruitment and retention strategies are the way that they are. And helps people see themselves reflected in your community.
- Michelle: So, our first question is going to be what is your general approach to recruiting and retaining new members? And we'll go ahead and start with Detroit.
- Undrea: Okay, so I have several here. I'm just gonna briefly talk about each. But, when it comes to recruiting we use newspaper ads. So, each year we inform the public that SEMHAC is recruiting by placing an ad in the newspaper. And through trial and error, we've learned that the best time for our ads to post are in August and September. And this method has helped us to gain membership in the suburban areas of Detroit, which is one of our hardest to reach areas. We also use community outreach events. So, SEMHAC reaches out to the community in several ways. One way is through our community open house. So, each year, SEMHAC opens its community open house event. And there we have presenters that provide information on a number of topics related to Ryan White HIV care and prevention, mental health and so forth.
- Undrea: In addition to the information that's provided, we also make it fun by having great presenters, raffles and time to network. So, this year, there were over 80 attendees and approximately 10% of those in attendance applied for a SEMHAC membership. Another way we reach out to the community is by attending outside events. And so, each year we attend a minimum of 10 events. And while there, we inform the community of who we are, what we do and how they can be part of the decision making process.
- Undrea: When it comes to word of mouth, there are several individuals who have become a part of the planning council, because they heard about SEMHAC from a friend or a colleague who was a member. So, word of mouth plays a large role in our recruitment strategies. And then we have the online application. So SEMHAC launched its first online application in 2017. We received a total of 35 online applications within the first year. Providing the online version of the application has made it much easier and faster for individuals to apply.

- Undrea: And then, last for recruitment we have our Project LEEP program. And we modeled this after the Project LEEP program created in Houston. Now, Houston's program is a very detailed 17 week course that provides individuals with the knowledge and skills needed to plan for HIV prevention and care services. So, we wanted to provide this awesome program in Michigan, but we were unsure of how it would be accepted by the community. Being that the program lasted for 17 weeks. So, what we decided to do here was create a LEEP pilot program. So, our program lasts for six weeks and class was held one day a week for four hours.
- Undrea: And so, during our pilot program we presented information on HIV care and prevention, how to make decisions regarding prioritizing or funding services. We discussed care standards, epidemiology, and an additional topics. With our LEEP program, we successfully ended with 19 graduates, 6 of them were current council members. Eight of the graduates applied for council membership. And then, six graduates stated that they wanted to help plan next years Project LEEP program.
- Undrea: When it comes to retaining, some of the methods we use are trainings. So, we provide trainings on all mandated responsibilities. So, that includes PSRA, comprehensive plan, needs assessment. We also provide trainings on Roberts Rules of Order. And during our trainings we include interactive activities such as quizzes, which helps members to retain information and makes learning planning council responsibilities fun.
- Undrea: We also ensure members fill a part of the process. So, we always stress the fact that members are decision makers. And that the decisions they make affect our community. We also provide an environment where members know they will be heard and their ideas will be implemented.
- Undrea: And then, the last thing is that we celebrate our member success. We provide certificates for trainings when they're completed. We also utilize our website SEMHAC.org. And social media outlets to make the community aware of our members achievement. And then last, we host an annual gala event where we celebrate the accomplishments made by not only council members, but also our community partners.
- Michelle: Thank you so much for that. That's really great information. So, now I'm gonna pass the mic to Bergen-Passaic TGA to talk about their experience.
- Eduardo: Yes. First of all, when we start looking for members, that decision is being made looking at our matrix. Who has been represented, who are in need to be ... have more representation. Then with that we do talk to the agencies that are represented in our planning council. We look for ... the way that we put it is who you think it will be more interested? Who is member material that we can talk to? And then we start the process of engaging people by explaining who we are, what we do. Another way is to mention all the services that are being provide that our many people use. Where does that coming from? How do we manage that? How we need help from the community to make sure that the needs that our consumers have are being met. So, that's the beginning of ours looking for people.

Eduardo: We also take advantage of the fact that schools get together. They have hospitals that have events where they bring people in. Speakers. Ours are the CDC. Take advantage of these pharmacy presentations. Hospitals, the schools. Any event that is taking place in the community, we take advantage of that. We go there with our brochures. Little giveaways and we talk to the people about the fact that we're still dealing with the epidemic. What we do about it. The services that a community have, not only for HIV, but also STD's. The work that Planned Parenthood, as an example, does. Where do we go from there? We explain what we do. Where we get together. The advantage of being a member of the planning council. The fact that we're fighting for something that we want to eradicate. And to open people's minds about the fact that still going, still working at it. And that we need representation in our planning council from people that are always willing to come and help us in what we do.

Eduardo: I'm sorry. Is something that it goes on ... I will say on a daily basis. Because we're always thinking, if don't want to become a member of the planning council because of the time or situation, we always encourage people to be a part of one of the sub committees. Because they're open to anybody. There's no requirement of being a member. The planning council to come and help us in what we do.

Eduardo: So, part of what we do is mention to people, okay you don't have the time. You can help us in some other ways. And also we find out where they work. If they have a job. If they're involved in any other parts of the society that they're talking to people. We grab from there and make ourselves known. And try to keep our numbers up. So far, like Khalilah says, our representation of consumers is up to 34%. We always keep that numbers high. We always have people that we know that can be a good addition to our group based on what we know about people that come to the agencies who are better examples. We understand that not everybody has the time or the energy, the expertise or if they wanna put their effort into something like that. We understand that everybody's different. As well we take advantage of the people that we know find out who is a better candidate for our planning body.

Michelle: Thanks so much.

Eduardo: You're welcome.

Michelle: Okay. So, now we're going to move on to our next set of questions. What has been your greatest challenge in recruiting new members? And what strategies have you used to overcome that challenge? And again, we'll start with Detroit.

Undrea: Yeah, so some of our challenges fall in line with filling specific mandated representation categories. So, one of those is our local health department. So, we're having a hard time getting representation from three of the seven health departments within our EMA. On these three health departments are a great distance from where council meetings are held. And they also have much lower incidents. So, there's less motivation to participate. When it comes to a state Medicaid representative, this is a category that's been vacant for a long time. The council has reached out to the State Health

Department on several occasions seeking representation. However, we've been unsuccessful.

Undrea: And then, with racial/ethnic minorities, we have a large Arab/Chaldean population in our area. It's actually larger than our Latinx/Hispanic population. However, they are not often involved in this work. And they're not required, because they're not our national requirement. We don't have numbers for them.

Undrea: When it comes to strategies to overcome these challenges, to help to overcome ... we're using networking and focus outreach. So, the outreach committee is looking into participating and focused or targeted outreach events. So, they will focus on events that involve populations not currently represented or underrepresented within the council.

Undrea: And with regards to our mandated representation categories. The council would like to provide video conferencing as an option for members to attend meetings. Especially those who either work or live far from our meeting locations. So, the council wants those who attend by video conference to feel like they are in the room with the other members. So, we're seeking a program that will allow those who use the video conferencing to be seen by those in attendance of the meeting and vice versa. So, we want to make it to where they really feel like they're sitting in the room with everyone else. And that's the type of program that we're searching for now.

Michelle: That's great. Thank you so much. And then we'll move over to Bergen-Passaic TGA.

Khalilah: Thank you. Go Eduardo.

Eduardo: Taking from what I said before with the decisions that we take based on our matrix, we make every time that we meet we go to the matrix to make sure that the numbers are what is required. And if there's anything that is less or that is over, if it is way less than we have to work on that. If it is over, that means that we're still doing okay. We gonna keep those people engaged. For the last year and a half, if I'm not mistaken, we didn't have representation from the Department of Health. But, that issue was resolved in December. We had a new member. We understand that when it comes down to members, some people do work. We understand health issues. We understand that they gonna show up for one meeting, five meetings, then they're gonna drop to one or two. That's understandable, because we know that the health situations can change from one day to the other.

Eduardo: The same goes for, there are communities that are represented in the planning council. If a social worker has someone coming in that day, and they're gonna show up to the meeting, sometimes when it comes down to members we understand that everybody has patience to be sitting in a meeting that is three/four hours. The attention span might not be the same. The understanding of information that is being given can be overwhelming. But that's when we take ... if we see something like that, the ones that have more time in being members of the planning council will help with the ones that we see that are struggling. And will make it a better experience for them. We also have ... okay. The people that we normally look for, we have to make them understand what

is [inaudible 00:42:59] in a meeting where all this information is gonna [inaudible 00:43:02] and we can give him a preview of what can happen in there. And we'll help him decide, if having so much information drop on you is a little bit too much, what if you decide to join any of the other sub committees that are always looking for help do what we do.

Khalilah: I think that it's important for us to be able to overcome those challenges. And that's how we preserve and we get to know our community. Some people can't sit through a full time meeting, but we still work on recruiting them. Whether they have ... they can have the patience or not. I think that's the biggest thing we're required on.

Khalilah: Thank you.

Michelle: Thanks so much. I really like how you say you get to know the members and know their strengths and really find ways that they can be involved with the planning council and make sure their voice is being heard in a way that fits their time. Their availability. Their personality and their interests. I think that's really important and really great that you're doing that.

Michelle: So, then our last ... I say this. Our last question for our panelists today, before I move into resources and our question and answer period, is what has been your most effective strategy at retaining new members? Bergen, I'm going to begin with Detroit.

Undrea: Okay, so some things our planning council learned is that when it comes to training there can never be too much. And we stay that because it takes a lot of time, effort, listening and hands on experience to learn all that's necessary to do the work of a planning council. We've learned the importance of trainings as a result of losing a member. The member we lost stated that she didn't feel knowledgeable enough to carry out the task. And felt she wasn't needed. So, that members words caused the council to look at providing some of our core trainings multiple times throughout the year. Instead of once a year. And so, making this adjustment has helped to empower our members to make decisions and have confidence to participate in planning council tasks.

Undrea: It's also played a large part in retaining new members. And then, we know that when it comes to the work of planning councils it's not easy. It's not easy to complete. It's very time consuming. However, with that being the case, it doesn't mean that is has to be void of fun. So, as I stated earlier, we incorporate games into our trainings where winners receive prizes. Which the members really enjoy. We also have a team building retreat twice a year that brings the members closer together. They get to learn more about each other in a comfortable setting. So, adding a fun spin on things, it encourages the members to continue the hard work that they do for SEMHAC.

Michelle: Thanks so much. I really like how you make sure to keep it fun and enjoyable for all the members. That really keeps energy up and keeps folks engaged and forward thinking and excited to continue to be part of the planning council. So, now I'm going to hand it over to Bergen-Passaic.

- Khalilah: Thank you. And I want to say again, Detroit, I love your ideas. And we might be bringing those to the table going forward. But, what we do for the TGA experience, we really work on getting to know the people that are willing to come and serve and do this type of work. Right? We also want to see the people that come to help us, want to see the epidemic end. So, that's where most of the encouragement comes in. We also engage members to ensure they feel needed, that they are accomplishing something. And I think that has been our biggest goal. Right? As well as training. What we do right now is we started, very recently actually, within the past six months. Is that we do a training before we start the actual planning council. So, there's some type of information that's being imparted to older members, new members and there's always some learning going on.
- Khalilah: Do we make it fun? I think the fun part about it is that we know each other and we really keep it light. There are very important issues being discussed, but we keep it light. And lastly, I like what we talked about much earlier on, it was about feeding. If we expect people to sit there and try to understand and be a part of, we definitely feed people. And we have a good ... good food. And that keeps everybody up and alive. And so, I think the major part of this experience is to be a community unit that is definitely helping for the best and bring about the best for the people that are infected and affected.
- Khalilah: Thank you.
- Michelle: Thank you both so much. And I'm really pleased to hear that we're all learning from each other and that planning councils and planning bodies can really take each others strategies that have been effective. Even amongst our presenters today. And bring them back to their planning councils and planning bodies and use those best practices across the different jurisdictions.
- Michelle: So, thank you to our panelists who we'll hear from again during our question and answer period. So, do be chatting in your questions that you have for them as I'm going through some resources. Because we are going to have time for our question/answer period. So, make sure that you're chatting those in.
- Michelle: So, as I mentioned earlier, you can find really great sample recruitment and retention materials in the Compendium of Materials for Planning Council Support Staff. Which was developed by our amazing colleagues at EDMC. And is really just chalk full of information and resources for you that you can use and adapt for your community.
- Michelle: We also have available the Planning Council Primer, which can be really useful for anybody involved in the planning council. They really just lays out all the things that you really need to go to hit the ground running and get started with your planning councils or your planning bodies. The Training Guide is newly available. We're really excited that it's out for you now. It's designed to help planning councils and planning bodies conduct orientation and ongoing training to prepare members to participate fully in Ryan White HIV/AIDS program part A planning and decision making. It's composed of ten modules

that includes trainer notes, presentation slides, experiential activities and quick reference handouts. And the Training Guide makes it quicker and easier to plan and conduct trainings, including orientation of new members, skills training for committees, mini training sessions that you can put right into your regular planning council or planning body meetings. It also includes training for recipient staff working with the planning council or planning body and an introduction for planning council or planning body for potential new members.

Michelle: The Trainer can select and customize these training materials to meet your specific jurisdictions needs and we're really excited. Modules one and two are now available on the Target HIV page and more modules are going to be coming soon. So, keep going to the Planning CHATT page. Keep looking for updated materials. If you want to be quickly informed of when they're available, when new modules are available, make sure that you're on our mailing list so we can get that information to you as soon as possible.

Michelle: And so, before we wrap up we're going to do our question and answer period. So, I see that you've all been chatting in your questions as we go. And so, I want to make sure that we start with ... we get to answer these questions in the time we have left. So, I'm going to go ahead and start with a question for our ... a few questions for [inaudible 00:51:35] colleagues. There was a question about whether there was a description for the list ... I think the legislatively required membership categories. Such as a definition for social service provider. It was on the planning councils membership slide. Lenny, you could take that.

Lenwood: The planning council matrix, which is located in the legislation as well as in your part A manual, gives a little bit more detail on those categories.

Michelle: Thanks. And if you could stay right there on the line. We have another question. Can the administrative agency serve as a representative for the Ryan White HIV/AIDS program part B recipient mandated seat if the administering agency administers the part B program?

Lenwood: The funds are awarded to the state and the legislation requires that there be a state representative for many reasons. One is also to ensure that the other stakeholders in the state ... there's input gathered from them and information is also brought to them. And so, the representative needs to know how to get the input from those other state representatives also who work in part B in the recipients office. So, when you say administrative agency, normally it's a sub recipient or someone who's acting on behalf of the recipient and does not have that far reach. So, the expectation is that it would be from the actual recipient state part B.

Michelle: Great. Thank you so much. Our next question is for Detroit. We got this question a few times. Can you explain what an at large member is and what their role is?

Undrea: Yes. So an at large member is an individual who wants to serve as a council member, but unable to fulfill the time and meeting attendance requirements for a full membership. So at large members, they're required to participate on at least one standing committee

and they are allowed to vote within that standing committee. Because we all know that standing committees is where the work of the council is done. However, they are not required to attend full council meetings and they're also unable to vote during full council meetings.

Michelle: Thanks so much for that. That's great. Another question for Detroit. Are Ryan White HIV/AIDS programs funds used to put on your gala for members or are other funds used?

Undrea: So, currently we're able to use Ryan White funds to cover the cost of food. But, we do have a cap on that. And then, we also can use Ryan White funds to pay for our trophies. But, when it comes to location and other things that we may need, we seek the help of pharmaceutical reps and also our community partners to cover those other things.

Michelle: Great thanks. And then, along the lines of that. We also have a question for you regarding your community events. Do community events result in new members? Or are they more about information distribution? The person who asks the question says that they've had a really low return on gaining new members at community events in their jurisdiction.

Undrea: Sure. So, our community events, they actually do both. They result in new members as well as distribute information. When we have a community event, we work with our recipients office as well as our community providers to get the word out. And then, we also use our social media outlets to spread the word about our events. So, these methods have helped us to have nice attendance. And during our events we always begin with giving a brief presentation about SEMHAC and then we end that presentation informing everyone that we're seeking members. And then, we also have a presentation by the recipients office. And during their presentation they also encourage attendees to be a part of SEMHAC. So, I believe that it's these presentations along with how our events are structured that helps the community want to be a part of the planning council.

Michelle: That's really great. I think that's a great use of your time and a way to really use these community events as a way to build interest in your planning council. So, I think our next question is directed to Bergen-Passaic. How many members comprise your planning council?

Khalilah: We have 34 members as of last session.

Michelle: 34 total members or consumer members?

Khalilah: Total. Total.

Eduardo: Yeah 34.

Khalilah: And we have 34% of consumers of that 34 total members.

- Michelle: Oh, okay. Alright. Thank you. Thanks. Thanks for clarifying that. And then, another question, for I guess any of our panelists, can you please cite specific advantages members gain from being a member of the planning council or the planning body?
- Eduardo: Being a member of the planning council and getting involved in what we do, especially when we get all of the information about the different categories and services that we provide for Ryan White participants. That's one of the best ways for us to know what the needs are of the community. But, we take that when we have talks with possible members, I say, "Well, these are the services that we provide. Which of these services do you receive? What services you think needs improvement? What can be changed? What can be taken off? What can we add based on the needs of the people that are actually going to the situation?"
- Michelle: Great. Thank you. Another question for Detroit. Who provides the training that you hold throughout the year? For example, do you hire outside contractors or do your planning council staff run these trainings? If you could expand on that, that would be really helpful.
- Undrea: Sure. No problem. So, our planning council we have two staff persons. Myself and my coworker Ms. Pool. And so, she and I actually provide most of the trainings for the planning councils. But, we also use outside contractors for a training that we have. We have a training, it's called facilitating and interview skills training. And this is to help our members to be able to conduct needs assessment. And so, we have an outside contractor provide this training. But, other than that Ms. Pool and myself provide most of the training.
- Michelle: Great. Thank you so much. Let's see. We have another question that I think this might be different for the different jurisdictions. But, where are you securing fundings for offering food? The person asking the question says they don't have a funding line item in order to do so in their EMA. So, if you could maybe provide some insights into there.
- Undrea: Okay, this is Undrea, Detroit EMA. This question ... so, we have a line item for food within our budget. Because we know that HERSA wants to ensure that people living with HIV are members are provided with food if a meeting takes place during an eating time. So, we have meetings that take place during lunch time as well as one that takes place during dinner time. So, we actually have a line item for that. So, if you don't have a line item, you may want to reach out to your project officer or maybe even the recipients office to see how to go about including that in your budget.
- Khalilah: That would be the same for us. The recipients office takes care of that. So, I'm very sure it is a line item within the budget. Thank you.
- Michelle: Thank you all.
- Khalilah: Eduardo just reminded me that when we do special events we are supplied that through the-

Eduardo: Pharmaceuticals office.

Khalilah: Pharmaceuticals office. So, there are two separate places where the funding for food comes from. Before our planning council meetings, that comes from the recipients office. Just wanted to clarify that. Thank you.

Michelle: Okay. Another question that we have is, let's see, is about the training module. Will there be any ... which I'll answer. Will there be content or an entire module about equity and diversity and how to make decisions using an equity lens?

Michelle: It is addressed in several modules the concept of help disparities is addressed. And as is diversity as part of reflectiveness, which will be in module eight. And there's going to be a segment in the upcoming module nine that addresses the importance and relevance of issues of equity. In its importance of that for insuring sound decisions and a comprehensive system of care, appropriate for all people living with HIV. And we have expanded that aspect based on the suggestions that we received at the Ryan White HIV/AIDS program conference.

Michelle: So, okay. And then, I think our last question is what times are your meetings held at? Have you found that meeting times affect attendance? If this could be addressed by one of our panelists, that would be awesome.

Eduardo: Eduardo from Bergen-Passaic. Our meeting time for planning council takes place on every second Tuesday of the month. Where lunch is served at 11:30 and the meeting starts at 12. Before that, that same day, a sub committee meets what we call a steering. And two days later the second Thursday of the month, quality management meets with planning and development. And then, our meeting for the city seat takes place right after those two. [inaudible 01:04:09]. And the time helps with everybody, because we do it at luncheon. And the morning is set for those meetings.

Undrea: Okay. This is Undrea with Detroit. So, a lot of our planning council members work. So, we found it best to have most of our standing committee meetings on the first Monday of each week. And we hold them from, between the times of 12 and 4. Some meetings we have two meetings in a row, because there are members who attend both standing committees. So, those will be from 12 to 2 and then the next one 2 to 4. And then, we have our full council meeting that's held every fourth Wednesday. And that takes place in the evening. Again, because we have a lot of council members who work. So, it's best for them to come at either lunch time or after work. So, that's how we schedule our meetings so that we can get the most out of our members and for them to be able to attend.

Michelle: Alright. Thank you so much. Let's see if we have any more questions. So, I also was asked if we could talk about the difference between orientation and training. Orientation provides familiarity with the components of the program. Whereas training provides instruction and experience to act in the capacity of the seat that one occupies. Training should be at least annual, but also occur as needs when there's changes in the

guidance or HERSA legislation or policy clarifications. So, again, orientation is talking about the Ryan White HIV/AIDS part A program. And the purpose of the planning council training is helping people do their actual specific role.

Michelle: Let's see. Other questions. And again, we would recommend you taking a look at the legislation to see descriptions of the different required legislatively required membership categories. That was discussed earlier. And so, I'll give it just another minute for folks to ask questions in the chat before we close out. But, while people are getting those last minute questions in, I want to remind you that today's webinar was recorded and is going to be archived on the Target HIV page. Which is www.targethiv.org/planning-chatt with two T's. All participants in today's call will also receive an email when it's posted so that you can share it with your colleagues who might not have been able to join us today. You can also find links on the Target HIV page for all of the tools that we've talked about today. And if you forget the direct link you can also find us by going to the Target HIV website homepage and through the topic library there.

Michelle: So, seeing no more questions, I just want to say thank you all again for joining us today. Thank you to our wonderful panelists and to our colleagues at HRSA for joining us today and for providing such great information. If you would like to know more about what Planning CHATT is up to, do visit our website to sign up for our mailing list, download the tools and resources that are on there, view our archived webinars and more. And again, I would remind you to please make sure that you complete the evaluation. Thanks so much and have a great day.